

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13291**

FILED APR 27 1953

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 466	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Joseph TOWN		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR St. Joseph TOWN 0117			
d. FULL NAME OF HOSPITAL OR INSTITUTION 100 Smith St.				d. STREET ADDRESS (If rural, give location) 100 Smith St. 0			
3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE		b. (Middle)		c. (Last) ARNOLD		4. DATE OF DEATH (Month) (Day) (Year) 4 19 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5-14-1880		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Pensioner		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo. U		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William Arnold (de)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME City ADDRESS William D. Arnold, 2216 So. 6th			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myo. Carditis DUE TO (c) General Arterio-Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Woman died while alone in her home, without a history of recent serious illness or disability				INTERVAL BETWEEN ONSET AND DEATH 1 day 1 year (est) 39m (est) 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4/20, 1953 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE H. F. Mundy M.D. (Coroner)		(Degree or title)		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 4/20/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-22-1953		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. April 22, 1953		REGISTRAR'S SIGNATURE Cather M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE John C. Cripp		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.